## Q - Resp - Dyspnea Index Di

Record ID		_			
Questionnaire - Metadata					
Session ID					
0 11 1 0 1 1					
Questionnaire Started At		_			
Questionnaire Completed At					
Questionnaire Duration (seconds)					
Please answer the following of	questions	using a 0-4 ratir	ng scale.		
0 = Never; 1 = Almost never;	2 = Some	times; 3 = Almo			
	Never	Almost never	Sometimes	Almost always	Always
I have trouble getting air in.	0	$\circ$	$\circ$	O	$\circ$
I feel tightness in my throat when I am having my breathing problem.	0	0	0	0	0
It takes more effort to breathe than it used to.	0	0	0	0	0
Changes in the weather affect my breathing problem.	0	0	0	0	0
My breathing gets worse with stress.	0	$\circ$	0	0	0
I make sound/noise breathing in.	$\circ$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\circ$
I have to strain to breathe.	$\circ$	$\circ$	$\circ$	0	$\circ$
My shortness of breath gets worse with exercise or physical activity.	0	0	0	0	0
My breathing problem makes me feel stressed.	$\circ$	0	0	0	0
My breathing problem causes me to restrict my personal and social life.	0	0	0	0	0

**₹EDCap**°

03/13/2024 7:06pm